		2006	Montar	na Individual In	come Tax Re	eturn		MONTANA
		Calenda	r year income tax return	for a Montana reside	ent filing as single,	jointly, or he	ead of househole	_{d.} Form 2M
		Amended	Your first name and initial	Last name	: :	Deceas	sed Your social se	curity number
		Return						,
			Spouse's first name and ini	tial Last name	<u> </u>	Deceas	sed Spouse's soc	al security number
		Check the box above if this is						
		an amended	Home address (number and	d street)	City		State	Zip+4
		return.						
		Filing Status (chec	ck only one box) 1.	Single 2. \square N	larried filing jointly	3. 🔲 F	lead of Househ	old
	4.		ear (Only to be used by t					
	5a.	▼ Yourself	☐ 65 or older	Blind	Enter number che	ecked	5a.	
	5b.	Spouse	G5 or older	☐ Blind	Enter number che	ecked	5b.	
Exemptions		Dependent's first	t name Last name	e SS	N Rela	tionship	Disabled	
ptic								
em								
Ж		L						
		•	. If additional dependent					
	5d.		5c and enter total exemp					
	6		orresponding to your fede tips, etc. Attach federal F					ry, leave blank.
		-	lips, etc. Attach federal F Attach federal Schedule E					
	7 a. 7h	Tax-exempt interest	est. Do not include on line	o 7a	i ii required	7h	/ a.	
ne	7b. Tax-exempt interest. Do not include on line 7a							
000			ds.					
드	9.	Capital gain or (lo	ss). Attach federal Sche	dule D if required				
Gross Income	0a.	IRA distributions	,	10a.	T	axable amo	unt 10b.	
້ 1	1a.	Pensions and an	nuities	11a.	T:	axable amo	unt 11b.	
	12.	Unemployment co	ompensation					
sn 1			enefits				unt 13b.	
			3b (far right column.) Thi	_			14.	
व			vithdrawal of savings					
ge			rest deduction					
R.			gave your employer					
			igh 18 and enter the resu				19.	
			om line 14 and enter the	•	-			
_			cipal fund dividends stat	_	-			
			fund					
Ĕ			I taxable social security/					
n			ngs account nonqualified					
SS	25.		ugh 24 and enter the resunction				25	1
S	26		nd dividends from federa				25.	
9		•	ment compensation	, ,	· ·			
ste			nd annuity income exemp					
in in in			emption for taxpayers 65					
ğ	30.	Exemption for cert	tain taxed tips and gratu	ities		30.		
			care savings account dep					
ont	32	Subtraction to fed	leral taxable social secur	ity/Tier I Railroad Reti	rement	32.		
_				=				
_	33.	Subtraction for fed	deral taxable Tier II Railr	oad Retirement		33.		
_	33.	Subtraction for fed Add lines 26 throu		oad Retirementult here. This is your	Montana subtracti	33. ions from f		

	Form	2M, Page 2 – 2006 Social Security Number:						
	36.	Montana adjusted gross income from line 35						
4		Deductions Check only one						
me	37.	(A) Standard Deduction (see Worksheet on page 4 of this form): (A)						
Taxable Income		(B) Itemized Deductions (from Form 2M, Schedule I, line 30): (B) 37.						
드	38.	Subtract line 37 from line 36 and enter amount here	38.					
ple		Exemptions (all individuals are entitled to at least one exemption.)	l					
ж	39.	Multiply \$1,980 by the number of exemptions on line 5d and enter result here 39.						
H		Subtract line 39 from line 38 and enter the result here. If zero or less, enter zero. This is ye	our					
		taxable income.	40.					
		Tax from the tax table on page 4 of this form. If line 40 is zero, enter zero 41.						
Тах		1% capital gains tax credit						
H	43.	Subtract line 42 from 41 and enter the result here. If zero or less, enter zero. This is your						
	4.4	tax after capital gains tax credit.	43.					
10		Nonrefundable single-year credits from Form 2M, Schedule II, line 5						
dits.		Nonrefundable carryover credit from Form 2M, Schedule II line 6	40	1				
Credits		Add lines 44 and 45 and enter the result here. This is your total nonrefundable credits.	46.					
0	47.	Subtract line 46 from line 43 and enter the result here. If zero or less, enter zero. This is your total tax after nonrefundable credits.	47					
· ·	48	Montana income tax withheld. Attach federal Form(s) W-2 and 1099						
Payments nd Offsets	49	2006 estimated tax payments and amounts applied from your 2005 return						
me Off	50.	2006 extension payment from Form EXT-06						
		Elderly Homeowner/Renter Credit from Form 2M, Schedule II, line 7						
Pay and		Add lines 48 through 51 and enter the result here. This is your total payments/offsets	52.					
		Interest on underpayment of estimated taxes. (See instructions on page 39.) 53.						
. بر	54.	Late file, late pay penalties and interest. (See instructions on page 39.) 54.						
res	55.	Medical Care Savings Account 10% penalty						
nte utic	55. Medical Care Savings Account 10% penalty							
Penalty, Interest, Contributions		Nongame Child abuse Agriculture in End-stage renal Sum of 56a						
alt		wildlife program prevention schools disease program through						
်မှ ပ		56a. 56b. 56c. 56d. 56d. 56d. 56d.						
	57.	Add lines 47, 53, 54, 55 and 56 and enter the result here. This is the sum of your total tall interest and contributions						
	50	If line 57 is more than line 52, enter the difference here. This is the amount you owe						
ō	50.	Make check payable to MONTANA DEPARTMENT OF REVENUE or visit our website at <i>mt</i> .						
ou Owe		to pay by credit card or E-check.	govinovenue					
o n	59.	If line 57 is less than line 52, enter the difference here	59.					
\ <u>S</u> \\\S\\\\S\\\\\S\\\\\\\\\\\\\\\\\\\\		Enter the amount of line 59 you want applied to your 2007 estimated taxes						
Amount Y Your F		Subtract line 60 from line 59 and enter the result here. This is your refund.						
ک ک		If you wish to use direct deposit, enter your RTN# and ACCT# below. See instructions.	·					
A		RTN# ACCT# ACCT#		Checking				
	lf on	plicable, check appropriate box. Name, address and telephone number of paid preparer.		Savings				
	ıı apş	Annualized estimated	☐ Check this	s box and attach a				
	_	payments.		our federal Form				
		Do not mail 2007 forms and		eceive your Montana				
		instructions. SSN, FEIN or PTIN:	extension					
	May tl	he DOR discuss this return with your tax preparer? Tyes No Questions? Call (406) 444-6900 or	TDD (406) 444-28	30 for hearing impaired.				
	Y	x						
	<u>X</u>		's signature	Date				
		I declare under penalty of false swearing that the information in this return and attachment	ts is true, correc	t and complete.				

Form 2M, Page 3 - 2006 Social Security Number: Schedule I: Montana Form 2M Itemized Deductions Enter your itemized deductions on the corresponding line. This schedule should be filed with your Montana Form 2M. 4. Subtract line 3 from line 1 and enter result here but not less than zero. This is your deductible medical and dental expense subject to 7.5% of Montana AGI. 4. Complete lines 7a through 7d reporting your total federal income tax payments made in 2006 before completing line 7e. 7b. Federal estimated tax payments paid in 2006.......7b. 7e. Add lines 7a through 7d and enter result here, but not more than \$5,000 if you are filing single, or head of household, or \$10,000 if filing a joint return with your spouse. This is your federal income tax deduction. 7e 8. Real estate taxes paid in 2006. 10. Other deductible taxes. List type and amount: 11. Home mortgage interest and points reported to you on federal Form 109811. nterest You 12. Home mortgage interest not reported to you on federal Form 1098. If paid to the person from whom you bought the house, provide name, SSN, and address: Unreimbursed employee business expenses. Attach federal Form Job Expenses and Certain 21. Other expenses. List type and amount: 27. Other miscellaneous deductions not subject to 2% of Montana AGI. List type and amount: If the amount on Form 2M, line 35 is more than \$150,500 your deductions may be limited. Complete otal Itemized the itemized deduction Worksheet VI, found on page 51 of the Form 2M instruction booklet and then continue to line 29; otherwise, go to line 30 below.

29. Enter the amount from the itemized deduction Worksheet VI, line 9. This is the amount of your

30 Subtract line 29 from line 28 and enter the result here and on Form 2M, line 37. These are your

non-allowed itemized deductions.

allowable itemized deductions. 30.

Form	2M,	Page 4	4 – 2006
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Social Securi	ty Number:	

	. 0111	Zin, rage i Zooc Coolai Coolaity Nambor.			
		Schedule II: Montana Form 2M Tax Credits Enter your Montana tax credits on the corresponding line. File Schedule II with your Montana Form 2M.			
	Noi	nrefundable credits are single-year credits and HAVE NO carryover provision.			
Single-year Credits	1.	College contribution credit. Attach Form CC.			
	2.				
	3.	Elderly care credit. Attach Form ECC.			
	4.	Developmental disability account contribution credit.			
S	5.	Add lines 1 through 4 and enter the result here and on Form 2M, line 44. These are your total	_		
		nonrefundable single-year credits.	5.		
Sarryover Credits	Noi yea 6.	nrefundable credits HAVE a carryover provision that allows you to carry forward the unused portion o	f your c	credit to future ta	ЭX

Refundable credits are applied against your income tax liability with any remaining balance refunded to you.

This is your total nonrefundable carryover credit.

Montana Tax Credits

We have listed 6 credits that can be used when filing Montana Form 2M. However, the Montana legislature has authorized 28 different income tax credits. See Montana Form 2, Schedule V for a list and description of these 28 tax credits that are available. If you are eligible for any of the other credits not listed above, you will have to file Montana Form 2 instead of Form 2M. There are three categories of credits available to you on your Montana individual income tax return. With the exception of the capital gains tax credit, which is required to be applied before any other credit, (refer to the instructions for Form 2M, line 42) you are not required to apply any of these 6 tax credits against your income tax liability in any particular order.

 Nonrefundable single-year credits. Your nonrefundable single-year credits can only be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. The unused portion of your nonrefundable single-year credits that exceeded your 2006 income tax liability are lost and are unable to be used in future years.

- Nonrefundable carryover credits. Your nonrefundable carryover credit can be used to offset your 2006 resident tax after capital gains credit and cannot reduce your tax liability below zero. Your excess nonrefundable credit that is not applied against your 2006 income tax liability can be carried over and used to offset future year tax liabilities.
- Refundable credits. Your refundable elderly homeowner/ renter credit is applied against your income tax liability with any unused credit refunded to you.

	Standard Deduction Worksheet for Form 2M		
1.	Enter your Montana adjusted gross income from Form 2M, line 35 here.	1.	
2.	Multiply the amount on line 1 by .20 (20%) and enter the result here.	. 2.	
3.	Enter the amount below that corresponds to your filing status here.	3.	
	 If your filing status is single (filing status 1) enter \$3,710. This is your maximum standard deduction. 		
	 If you filing status is joint (filing status 2) or head of household (filing status 3) enter \$7,420. This is your maximum standard deduction. 		
4.			
5.	Enter the amount below that corresponds to your filing status.	. 5.	
	 If your filing status is single (filing status 1) enter \$1,650. This is your minimum standard deduction. 		
	• If your filing status is joint (filing status 2) or head of household (filing status 3) enter \$3,300. This is your minimum standard deduction.		
6.	Enter here and on Form 2M, line 37, the amount from lines 4 or 5, whichever is larger.		-
	This is your standard deduction.	. 6.	

			2000	Withitalle	a illulv	iuua	I IIICOIII C Iax	Iable			
If you Incon	ur Taxable ne is Over	but not Over	Multiply your Taxable Income by	and Subtract	equals your Tax		If your Taxable Income is Over	but not Over	Multiply your Taxable Income by	and Subtract	equals your Tax
\$	0 2,400 4,300 6.500	\$ 2,400 \$ 4,300 \$ 6,500 \$ 8,800	0.010 0.020 0.030 0.040	\$ 0 \$ 24 \$ 67 \$ 132			\$ 8,800 \$ 11,300 \$ 14,500	\$ 11,300 \$ 14,500 or more	0.050 0.060 0.069	\$ 220 \$ 333 \$ 464	

2006 Montana Individual Income Tay Table

For example: Taxable income $4,500 \times 03(3\%) = 135$.

\$135 minus \$67 = \$68 tax